

National Institutes of Health--Warren Grant Magnuson Clinical Center

Health Screen Tool for Pediatric Visitors

VISITOR'S FIRST NAME AND LAST NAME INITIAL _____ Date _____

1. Has the child displayed any of the following symptoms in the last 7 days?

	YES*	NO	Don't know
Cough			
Diarrhea			
Eye Infection/Drainage			
Fever			
Rash			
Runny Nose			
Sore Throat			
Vomiting			

2. Has the child been exposed to any of the following in the last 6 weeks?

	YES*	NO	Don't know
Chicken Pox			
Head Lice			
Measles			
Mumps			
Pertussis (Whooping Cough)			
Scabies			

3. Has the child received an immunization (shot or liquid) in the last 6 weeks?

YES* NO Don't know

4. Please instruct parent(s) of patient to inform patient's nurse if visitor develops any new symptoms or exposures.

5. Visit approved? YES NO

***If YES – Child needs further assessment. See Health Screen Guidelines.**

For unusual situations, please check with the epidemiology service – 301-496-2209 or call the on-call pediatrician through the page operator 301-496-1211.

Health Screen Guidelines
Visitation allowance/ exclusion due to infectious exposure

Exposure	If a pediatric visitor has been exposed to this disease, should this child be allowed to visit?	If no, when can the child be allowed to visit?
Chickenpox	<ul style="list-style-type: none"> • Yes, if visitor considered immune (history of chickenpox or chickenpox vaccine). • No, if visitor considered susceptible and exposure was 10-21 days ago. 	<ul style="list-style-type: none"> • When exposure is more than 21 days ago and chickenpox has not developed.
Enterovirus (nonpolio, e.g., coxsackieviruses, echoviruses)	<ul style="list-style-type: none"> • Yes. Particular attention should be given to handwashing and personal hygiene. 	
Head Lice	<ul style="list-style-type: none"> • Yes, if visitor has received treatment. • Yes, if patient has history of exposure to this visitor. Restrict visitor activity to patient's room. Notify patient's physician. • No, if visitor considered exposed, treatment not given, and patient has no history of exposure to this visitor. 	Either: <ul style="list-style-type: none"> • Anytime after treatment, or • Visual examination by medical/ nursing staff identifies no nits or lice.
Measles	<ul style="list-style-type: none"> • Yes, if visitor considered immune (history of measles vaccine or measles. Measles vaccination within 72 hours of exposure is protective.) • No, if visitor considered susceptible and exposure occurred 1-21 days ago. Call HES at 6-2209. 	<ul style="list-style-type: none"> • When exposure is more than 21 days ago and measles has not developed.
Mumps	<ul style="list-style-type: none"> • Yes, if visitor considered immune (history of mumps or mumps vaccine). • No, if visitor considered susceptible and exposure was 1-26 days ago. 	<ul style="list-style-type: none"> • When exposure is more than 26 days ago and mumps has not developed
Pertussis (whooping cough)	<ul style="list-style-type: none"> • Yes, if visitor considered immune (received \geq 4 doses pertussis vaccine). • No, if visitor considered susceptible and exposure was 6-20 days ago. 	<ul style="list-style-type: none"> • When exposure is more than 20 days ago and cough has not developed.
Scabies	<ul style="list-style-type: none"> • No, if visitor or visitor's parents report itching. • No, if significant exposure occurred $<$ 6 weeks ago 	<ul style="list-style-type: none"> • After treatment for scabies is completed.

Visitation allowance/ exclusion due to diagnosis of infection

Disease	If a pediatric visitor has been diagnosed with this disease, should this child be allowed to visit?	If no, when can the child be allowed to visit?
Chickenpox	<ul style="list-style-type: none"> No. Call HES at 6-2209. 	Either: <ul style="list-style-type: none"> Six days after rash appears, or When blisters have scabbed over.
Enterovirus (nonpolio, e.g., coxsackieviruses, echoviruses)	<ul style="list-style-type: none"> No, if visitor has acute hemorrhagic conjunctivitis, blisters in the mouth and is drooling, or has weeping lesions on the hands. 	<ul style="list-style-type: none"> Anytime after resolution of the acute hemorrhagic conjunctivitis, blisters in the mouth or weeping lesions on the hands. Particular attention should be given to handwashing and personal hygiene as the virus can be excreted for weeks after symptom resolution.
Head Lice	<ul style="list-style-type: none"> Yes, if patient has history of exposure to this visitor. Restrict visitor activity to patient's room. No, if patient has no history of exposure to this visitor. 	<ul style="list-style-type: none"> Anytime after treatment.
Measles	<ul style="list-style-type: none"> No. Call HES at 62209. 	<ul style="list-style-type: none"> Five days after rash appears and patient's attending physician says it is safe.
Mumps	<ul style="list-style-type: none"> No. Call HES at 62209. 	<ul style="list-style-type: none"> Nine days after swelling begins.
Pertussis (whooping cough)	<ul style="list-style-type: none"> No. Call HES at 62209. 	<ul style="list-style-type: none"> Five days after antibiotics begun and patient's attending physician says it is safe.
Pinworms	<ul style="list-style-type: none"> Yes, if patient has history of exposure to this visitor. Restrict visitor activity to patient's room. Emphasize handwashing. Notify patient's physician. No, if patient has no history of exposure to this visitor. 	<ul style="list-style-type: none"> 24 hours after treatment and bathing.
Ringworm	<ul style="list-style-type: none"> Yes, if lesion can be covered or after treatment has begun and the visitor's parent reports the lesion is shrinking. No, if lesion cannot be covered. 	<ul style="list-style-type: none"> If treatment has begun and the visitor's parent reports the lesion is shrinking.
Rubella	<ul style="list-style-type: none"> No. Call HES at 62209. 	<ul style="list-style-type: none"> 7 days after rash appears and patient's attending physician says it is safe. Call physician for congenital rubella.
Scabies	<ul style="list-style-type: none"> Yes, if visitor has been treated. 	<ul style="list-style-type: none"> After treatment has been completed.
Streptococcal sore throat	<ul style="list-style-type: none"> Yes, 24 hours after treatment has begun. 	<ul style="list-style-type: none"> 24 hours after treatment has begun.

	<ul style="list-style-type: none"> No, if treatment has not been received for at least 24 hours. 	
Active Tuberculosis	<ul style="list-style-type: none"> No. Call HES at 6-2209. 	<ul style="list-style-type: none"> Only if approved by both HES and patient's attending.

Visitation allowance/ exclusion due to immunization (shot or liquid) in last 6 weeks

Immunization	If a pediatric visitor has received this immunization, should this child be allowed to visit?	If no, when can the child be allowed to visit?
Chickenpox	<ul style="list-style-type: none"> Yes, if visitor has no vaccine-related rash. If vaccine-related rash is covered, may allow with physician approval. No, if visitor has vaccine-related rash that cannot be covered. 	<ul style="list-style-type: none"> When vaccine-related rash is resolved or with physician approval.
DTaP (or DPT)	<ul style="list-style-type: none"> Yes. 	
<i>Haemophilus influenzae</i> type b conjugate	<ul style="list-style-type: none"> Yes. 	
Hepatitis A	<ul style="list-style-type: none"> Yes. 	
Hepatitis B	<ul style="list-style-type: none"> Yes. 	
Influenza	<ul style="list-style-type: none"> Yes. 	
MMR	<ul style="list-style-type: none"> Yes. 	
Poliomyelitis - oral (OPV)	<ul style="list-style-type: none"> If patient is immunocompromised, allow with physician approval only. Yes, if patient has history of poliomyelitis immunization. Emphasize handwashing. No, if visitor has diarrhea. 	Either: <ul style="list-style-type: none"> Diarrhea resolved, or Patient's attending physician says it is safe. Emphasize handwashing.
Poliomyelitis - injection (IPV)	<ul style="list-style-type: none"> Yes. 	
Rotavirus	<ul style="list-style-type: none"> If patient is immunocompromised, allow with physician approval only. Emphasize handwashing. 	<ul style="list-style-type: none"> Patient's attending physician says it is safe. Emphasize handwashing.